

SEPTEMBER 2026



PRESIDENT'S DESK

Exciting Milestones and What's Next for ALLDocs



Kerry Gelb, OD
President

We're officially in the second half of 2026, and the year has already been filled with exciting milestones.

The 2026 ALLDocs Manager's Meeting brought together practice managers from across the network for a full day of education, collaboration, and professional growth.

Sessions featured industry insights from CooperVision, practical workflow strategies from TEEM, growth opportunities with Johnson & Johnson and LasikPlus, credentialing best practices with One Spot, and an informative look at AI in optometry from VitalRev AI. Dr. Alaina King delivered an impactful presentation

on leading difficult conversations, while ALLDocs Board Member Dr. Torrey Carlson closed the day with valuable insights on reducing no-shows and cancellations.

Thank you to our speakers, sponsors, and everyone who participated in making this year's Manager's Meeting a success. We hope to see you next year!

Also, looking forward to our ALLDocs Sublease meeting in Palm Springs. If you could not make the Quebec City meeting here is another chance to engage with our membership, get some CE and strategize for 2027!

Attendees will enjoy engaging educational sessions, valuable networking opportunities, a Partner Fair featuring industry vendors and solutions, and up to five hours of continuing education (pending COPE approval). From practice growth strategies and industry insights to peer-to-peer collaboration, the Summit delivers content tailored to help sublease practices thrive.

Looking forward to seeing all of you in Palm Springs!



ALLDocs 2026 Manager's Meeting
Clearwater Beach, FL



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2026 Sublease Meeting

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Pediatric Retinal Tumors: What Optometrists Should Know

Retinal tumors in children are uncommon, but their consequences can be profound. Optometrists are often the first providers to examine infants and young children, placing them in a critical position to detect sight and lifethreatening disease early.¹ Routine pediatric eye exams, school screenings, and urgent visits for visual complaints may be the first or only opportunity for a timely diagnosis.

The challenge is that many pediatric retinal tumors present subtly over time. Children may be preverbal, uncooperative, or asymptomatic, making clinical vigilance essential. A careful posterior segment evaluation can dramatically alter a child's visual prognosis and survival.

Retinoblastoma: The Most Urgent Consideration

Retinoblastoma is the most common primary intraocular malignancy of childhood, with most cases diagnosed before the age of five.² Optometrists should treat suspected retinoblastoma as an ocular emergency. Common presenting signs include:¹

- Leukocoria
- Strabismus
- Reduced vision, nystagmus, or poor visual behavior
- Ocular inflammation, hyphema, or glaucoma (less common)

On fundus examination, retinoblastoma typically appears as a creamy white or chalky retinal mass, frequently associated with calcification and subretinal fluid.¹ Any lesion with these characteristics warrants immediate referral to an ocular oncologist. Early detection is critical. In developed countries, survival rates exceed 95%, but delayed diagnosis increases the risk of extraocular extension, metastasis, and mortality.^{2,3} For optometrists, recognizing leukocoria and its urgency may be lifesaving.

Benign Retinal Tumors With Systemic Implications

Not all pediatric retinal tumors are malignant, but several benign lesions carry important systemic and genetic associations. Optometrists should become familiar with:

- Retinal astrocytic hamartoma^{1,4}
 - Often associated with tuberous sclerosis

- Appears as a whitish, mulberrylike lesion that may calcify
- Retinal hemangioblastoma⁵
 - May be isolated or part of von Hippel-Lindau disease
 - Characterized by a vascular mass with prominent feeder vessels
- Congenital hypertrophy of the retinal pigment epithelium, or CHRPE1
 - Typically flat, darkly pigmented, and benign
 - Multiple or atypical lesions may raise concern for familial adenomatous polyposis

While these tumors may not require ocular treatment, recognizing their patterns can guide optometrists to initiate appropriate systemic referral.

Practical Examination Tips for Optometric Practice

Several practical strategies can fit into busy clinical optometry practice workflows, including:¹

- Performing red reflex testing at every pediatric exam
- Using widefield imaging to document suspicious lesions when available
- Comparing findings over time for growth or change
- Maintaining a low threshold for referral with atypical or progressive findings

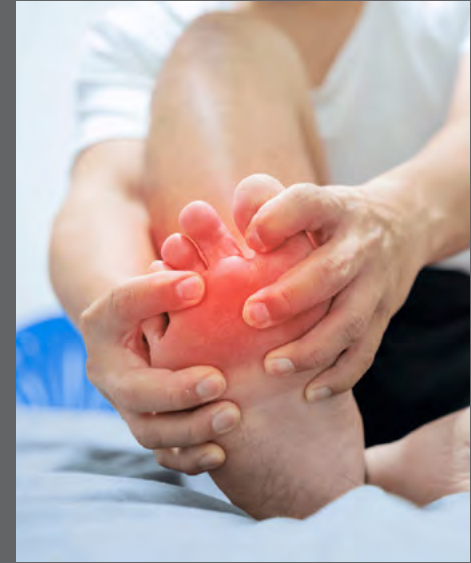
Clear communication with parents is also essential. When malignancy is suspected, optometrists should explain the urgency calmly but directly and emphasize the importance of immediate specialty evaluation.¹

As optometry continues to expand its role in pediatric primary care, familiarity with childhood retinal tumors is increasingly important. Early detection, appropriate referral, and thoughtful counseling position optometrists as indispensable members of the pediatric healthcare team.

SOURCES

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Gout Increases Risks for AMD & Disease Progression



Patients with gout appear to have a higher increased risk of developing age-related macular degeneration (AMD) and experiencing more rapid disease progression, according to a large retrospective cohort study. Using data from a national health database, researchers compared patients with idiopathic gout who received uric acid-lowering therapy with matched controls. They found substantially higher rates of both dry and wet AMD among those with gout. These patients were also more likely to develop macular hemorrhage and require additional anti-VEGF injections over 1-, 3- and 5-year follow-up periods.

Among patients with early dry AMD, the presence of gout was associated with a higher likelihood of progression to advanced dry or neovascular AMD and increased treatment burden. The authors suggested that chronic systemic inflammation and hyperuricemia may contribute to retinal inflammatory pathways involved in AMD pathogenesis. It remains unclear whether uric acid-lowering therapy can modify AMD outcomes, but the findings highlight the importance of considering systemic inflammatory conditions when assessing AMD risk.

SOURCE

- Alshaikhsalama AM, Alsoudi AF, Wai KM, et al. Gout and risk of age-related macular degeneration. *Retina*. 2025;45(12):2289-96.

Expanding the Scope of Practice: Redefining the Future of Optometric Care

Across the United States, optometry is undergoing a significant transformation. Expanded scope of practice laws and regulations are steadily redefining the optometrist's role, positioning them as frontline medical eyecare providers capable of managing a broader range of ocular conditions and procedures.¹ This evolution reflects changes in patient needs, workforce distribution, and the growing demand for accessible, high-quality eyecare. For optometrists who own practices, scope expansion is more than a legislative issue; it directly influences clinical autonomy, patient access, and long-term practice sustainability.

What Scope Expansion Looks Like in Today's Clinical Setting

Expanded scope varies by state, but several themes are consistent nationwide. Modern optometric practice increasingly includes:¹

- Advanced glaucoma management, including initiation and modification of medical therapy
- Laser procedures, such as selective laser trabeculoplasty and YAG capsulotomy
- Expanded prescribing authority, including oral and injectable medications
- Minor inoffice procedures, such as lesion removal and therapeutic injections

These capabilities allow optometrists to manage patients more comprehensively. In turn, this can reduce unnecessary referrals and delays in care, particularly in communities with limited ophthalmology access.

Evidence Supporting Expanded Optometric Responsibilities

A critical driver of scope expansion has been the growing body of peer reviewed evidence demonstrating that optometrists can safely and effectively deliver advanced care when appropriately trained. Studies comparing optometristperformed laser procedures with ophthalmologist

outcomes show comparable safety profiles and clinical results.²⁻⁴

From a public health perspective, expanded optometric services have been associated with:³

- Improved access to timely eye care, especially in rural and underserved areas
- Shorter wait times for medically necessary procedures
- High levels of patient satisfaction and trust¹

Education, Advocacy, & Professional Identity

Sustainable scope expansion depends on more than legislation. Three pillars remain central to progress:¹

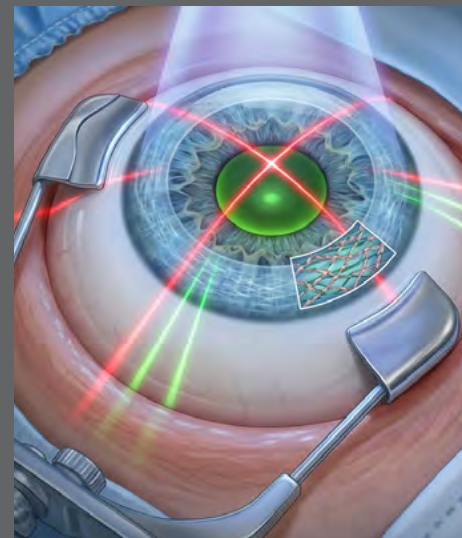
1. **Education:** Ensuring optometrists receive rigorous didactic and hands on procedural training
2. **Advocacy:** Engaging with state associations and policymakers to modernize outdated laws
3. **Professional identity:** Clearly communicating optometry's role as a medical profession to patients and the broader healthcare system

Expanded scope of practice represents a defining moment for optometry. The future offers increased autonomy, relevance, and impact for practice owners who embrace these changes thoughtfully, balancing patient care, risk management, and operational strategy. As healthcare continues to evolve, optometry's ability to meet patients where they are will remain central to its success.

SOURCES:

1. Modern Optometry. Expanding the Scope of Practice. March/April 2026. Available at: <https://modernod.com/mod-issues/2026-mar-apr/expanding-the-scope-of-practice/56862/>.
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Corneal Crosslinking Shows Sustained Stability in Keratoconus



A long-term study reports low failure rates following corneal collagen crosslinking (CXL) for treatment-naïve keratoconus, reinforcing the procedure's durability in clinical practice. A study presented at the 2026 ARVO Annual Meeting analyzed 571 eyes from 415 patients who were treated over 14 years using conventional, accelerated, or iontophoresis CXL protocols. Failure was defined as the need for repeat CXL or progression to corneal transplantation.

Over followup that extended to 10 years, only 3.7% of eyes experienced failure, with estimated cumulative rates of 0.95% at 1 year and 5.72% at 10 years. Most failures occurred gradually and were managed with either repeat CXL or keratoplasty. The authors observed no differences in progression between these secondary interventions. Outcomes varied by protocol, highlighting the importance of treatment selection. Overall, primary CXL provided durable disease control for most patients, supporting its role as an effective longterm strategy to stabilize keratoconus and reduce the need for future surgical intervention.

SOURCE

Association for Research in Vision and Ophthalmology. Longterm failure rates after corneal crosslinking for keratoconus. ARVO Annual Meeting Abstracts. 2026.

Tattoo Associated Uveitis: A Rare But Emerging Inflammatory Condition

As tattooing becomes increasingly common across age groups, optometrists are encountering rare systemic complications that extend beyond dermatologic concerns. Tattoo associated uveitis is an inflammatory ocular condition linked to immune reactions triggered by tattoo pigments. Although uncommon, this diagnosis is clinically important for primary eyecare providers, who are often the first to evaluate patients with unexplained uveitis.¹

Tattoo associated uveitis most frequently presents as bilateral anterior uveitis, often in conjunction with inflammation or granulomatous reactions at tattoo sites. Recognizing this association is critical because delays in diagnosis can lead to chronic inflammation, steroid dependence, or irreversible ocular damage.

Pathophysiology: An Immune Mediated Reaction

The exact mechanism behind tattoo associated uveitis remains under investigation, but evidence supports an immunemediated hypersensitivity response. Tattoo inks—particularly black and colored pigments containing heavy metals or organic dyes—may act as persistent antigens, triggering a delayed inflammatory response.^{2,3}

In some patients, this reaction resembles sarcoid-like granulomatous disease, with tattoo granulomas serving as a visible clue to systemic inflammation. Importantly, symptoms can develop months or years after tattoo placement, which can obscure the connection unless a thorough history is obtained.¹

Clinical Presentation & Diagnostic Clues

Patients with tattoo associated uveitis may present with:¹

- Redness, pain, and photophobia
- Blurred vision or floaters
- Bilateral anterior chamber inflammation
- Poor response to standard uveitis therapy
- Concurrent swelling, induration, or color change in tattooed skin

Optometrists should be particularly alert when uveitis is bilateral, recurrent, or treatmentresistant, especially in younger or otherwise healthy individuals. A targeted review of systems and history should include:^{1,4}

- Recent or remote tattoo placement
- Changes in tattoo appearance
- Prior episodes of unexplained inflammation
- Systemic symptoms suggestive of sarcoidosis or autoimmune disease

Management Considerations in Primary Eyecare

Initial management for tattoo associated uveitis typically follows standard uveitis protocols, including topical corticosteroids and cycloplegia. However, tattoo associated uveitis may be more refractory, often requiring systemic corticosteroids or immunomodulatory therapy in collaboration with ophthalmology, dermatology, or rheumatology.^{1,5} Tattoo removal has been reported as beneficial in select cases, but outcomes are variable, and laser removal may exacerbate inflammation by releasing additional antigenic material.²

Why Awareness Matters for Practice Owners

From a practice perspective, awareness of tattoo associated uveitis can help enhance diagnostic accuracy and reinforce the optometrist's role in medical eyecare and systemic disease recognition. Early identification can:

- Reduce time to appropriate referrals
- Improve longterm visual outcomes
- Strengthen collaboration with medical colleagues
- Demonstrate the value of comprehensive optometric care

Tattoo associated uveitis remains rare, but its incidence may increase alongside tattoo prevalence. For primary eyecare providers, maintaining a high index of suspicion and asking the right questions can make a meaningful difference. Understanding this condition is another way optometry continues to evolve as an essential component of integrated patient care.

SOURCES:

1. TBD Tattoo Associated Uveitis: What Primary Eye Care Needs to Know in 2026. Optometric Management. May/June 2026. Available at: <https://www.optometricmanagement.com/issues/2026/may-june/tattooassociated-uveitis-what-primary-eye-care-needs-to-know-in-2026/>.
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Scleral Lens Fittings: Rates on the Rise



Keratoconus typically stops progressing by the time people reach their late 40s or early 50s, but the patterns and prevalence of keratoconus in individuals aged 60 years and older have not been well defined in clinical research. To address this literature gap, a study published in *Cornea* reviewed the prevalence of keratoconus and its various indices among residents of Tehran, Iran who were 60 years of age and older. A total of 3,191 subjects were included in the final analysis.

Findings showed that about 5.36% of patients aged 60 years and older had keratoconus, and there was a trend of rising prevalence with increasing age. The prevalence of keratoconus was 4.6% in those aged 60 to 64 years but jumped to 6.92% for those aged 80 years or older. The study also suggested there is a strong link between literacy levels and keratoconus risk. Poor health literacy correlated with a higher prevalence.

SOURCE

Nau CB, Schornack M, Nau A, et al. Scleral lens prescription and management practices: SCOPE Practitioner 2025 Survey. Presented at: ARVO Annual Meeting; 2026.

2026 Manager's Meeting Highlights



Cooper Vision's Jason Eriksen and friends enjoying the beautiful sunshine.



Thank you Dr. Dinga and the team at Lasik Plus for your presentation.



Dr. Kassam and his team soaking up the rays.



ALLDocs' Tara O'Grady chatting with Dr. McIntyre's team.



Thank you to all of our loyal sponsors for making this event possible!



Thank you ALLDocs Members for your attendance this year! Investing in your key staff is so wise.

Please Join Us at the Thompson Palm Springs for the Sublease Meeting!

Can Bupropion Reduce Diabetic Retinopathy Progression?



Bupropion—a commonly prescribed antidepressant also used in weight-management regimens—appears to be associated with improved ocular outcomes in patients with diabetic retinopathy (DR). Using Taiwan's multi-institutional Chang Gung Research Database, researchers compared 166 bupropion users with 1,408 nonusers over longterm followup. Results showed that when compared with nonusers, patients taking bupropion experienced significantly lower rates of DR-related complications, including diabetic macular edema, retinal detachment, and vitreous hemorrhage (6.9% vs. 12.8%; adjusted hazard ratio [aHR], 0.58).

Bupropion users were also less likely to require retinal interventions such as intravitreal injections, laser therapy, or vitrectomy (2.9% vs. 8.5%; aHR, 0.42), with the strongest protective association observed for diabetic macular edema. Additional findings included reduced risks of cataract and glaucoma and fewer related procedures. The investigators hypothesized that the systemic anti-inflammatory effects of bupropion may underlie these associations, adding that prospective studies are needed before clinical recommendations can be made.

SOURCE

Chang Gung Research Database Investigators. Association of bupropion use with diabetic retinopathy progression and ocular complications. ARVO Annual Meeting Abstracts. 2026.

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REFERENCES: 1. Kingston AC, Cox IG. Predicting through-focus visual acuity with the eye's natural aberrations. *Optom Vis Sci*. 2013;90(10):1111-1118. 2. Data on file. Bausch & Lomb Incorporated, Rochester, NY.
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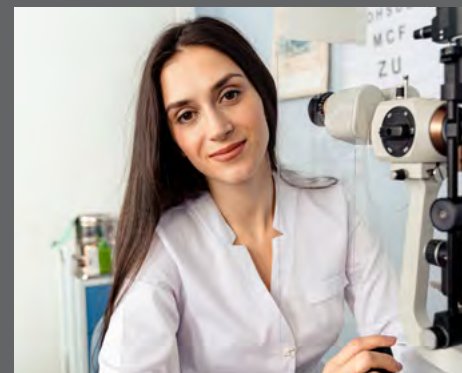
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Report: Most U.S. Counties Lack Glaucoma Specialists



Substantial geographic and socioeconomic disparities exist in access to glaucoma specialty care across the United States, according to a study from Rutgers University. A study team conducted a cross-sectional analysis of self-identified glaucoma specialists using listings from the American Optometric Association, American Academy of Ophthalmology, and American Glaucoma Society as of June 2025. Among all U.S. counties, 80.4% had neither an optometrist nor an ophthalmologist who reported specializing in glaucoma.

The report also showed that 9.4% of U.S. counties had only optometrists, 3.9% had only ophthalmologists, and 6.3% had both. Counties without glaucoma specialists had markedly smaller populations and lower median household incomes than those with specialists. Areas with both optometrists and ophthalmologists also demonstrated higher populations and greater proportions of residents with disabilities, suggesting increased demand where access exists. The findings underscore the role of optometrists in mitigating access gaps and support targeted workforce and referral strategies to address persistent glaucoma care disparities.

SOURCE

Rutgers University Investigators. Geographic distribution of glaucoma specialists in the United States. ARVO Annual Meeting Abstracts. 2026.



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